ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Renewal		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$723,815	+13.3%
Burglary and Theft		
5. Glass		<u> </u>
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire	,	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		<u> </u>
Line of Insurance		
5 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· (tarattarian) an antain atanana (tara annaita	
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	
No, applies to entire territory - see Expli	anatory Memorandum	
Duint description of filing /If filing follows	s rates of an advisory organization, specify orga	nization):
Brief description of filling, (if filling follows	ee Explanatory Memorandum for further details	mzation)
Revision to our minimum premiums - se	ee Explanatory Memoraliquiti for further details	
*Adjusted to reflect all prior rate change	ne.	
	which will result from application of new rates.	
Change in Company's premium lever	witich will result from application of new rates.	
	Assurance i	Company of America
		me of Company
		*
	Diane M. Zaborov	wski, AIS - Product Analyst
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

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SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass	**\$8,108,662	***-10.9%
6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	· · · · · · · · · · · · · · · · · · ·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
**General Liability - breakdown no Does filing only apply to certain If so, specify: ELP classes in GI	territory (territories) or	certain classes?
***no overall percentage of change previous multiplier 1.631 -10.9 Brief description of filing. (If organization, specify organization	<pre>% filing follows rates of a</pre>	n advisory
Loss Potentials (ELPS) revisions GL	-2004-RELP1, GL-2005-RELF	21.
* Adjusted to reflect all prior r ** Change in Company's premium lev	rate changes.	SION OF INSURANCE

result from application of new rates.

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Bituminous Casualty Corporation Name of Company HINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premiurevision effective 7-1-06	m or rate level produced	by rate
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
 Automobile Liability Private Passenger Commercial 		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	**\$50,355	***-10.9%
4. Burglary and Theft		
5. Glass		
6. Fidelity		· · · · · · · · · · · · · · · · · · ·
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		****
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		,,
**Conomol Tinkilitus humahdana a		
**General Liability - breakdown no Does filing only apply to certain		
If so, specify: ELP classes in G		
***no overall percentage of change previous multiplier 1.631 -10.9 Brief description of filing. (If organization, specify organization	9% filing follows rates of a	an advisory
Loss Potentials (ELPS) revisions G		
acceptated (mare) revisions c	D 2001 KEELT, OH 2005 KEEL	
* Adjusted to reflect all prior : ** Change in Company's premium ler result from application of new	vel which will DIV!	FEB 0 6 2006
Bit	tuminous Fire and Marine 1	Insurance Company
•	Name of Compa	MANGELEI D. ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	7/15/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass	\$45,374,924.	-0.79%
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other		
Does filing only apply to certain territory (terates for prem/ops and products. This app	lies to all classes and territories.	
Brief description of filing. (If filing follows ra Prem/Ops with a net effect of -1.93% and f	or Products with a net effect of +2.14% fi	organization): Amending base rates for or a combined net effect of -0.79%.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	The Cinc	innati Insurance Company Name of Company
	Conni	e Petertonies - Analyst Official - Title

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SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 	cial	
Liability Other Than Auto	\$829,404	+13.3%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	·	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
Line of insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? If so, specify:	
No, applies to entire territory - see Ex		
140; applied to office torritory dod Ex	NIGHT STORY	
Brief description of filing, (If filing follo	ows rates of an advisory organization, specify org	ganization):
Revision to our minimum premiums -	see Explanatory Memorandum for further detail	s
TOTION OF THE PROPERTY OF THE		
*Adjusted to reflect all prior rate char	iges.	
**Change in Company's premium lev	el which will result from application of new rates	
	Mondon	d Casualty Company
		d Casualty Company Name of Company
	ľ	tanio or ounipurij
	Diane M. Zabo	rowski, AIS - Product Analyst
		Official – Title

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SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
. Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto	\$333,975	+13.3%
Burglary and Theft		. 10.070
Glass		
. Fidelity		
. Surety	· · · · · · · · · · · · · · · · · · ·	
. Fire		
2. Homeowners		
3. Commercial Multi-Peril		
5. Other Line of Insurance		
Line of insulance		
oes filing only apply to certain territory (terri	tories) or certain classes? If so, speci	fv:
lo, applies to entire territory - see Explanato		-
	·	
Brief description of filing. (If filing follows rate:		
Revision to our minimum premiums - see Exp	planatory Memorandum for further det	tails
Adjusted to reflect all prior rate changes.		
*Change in Company's premium level which	will result from application of new rate	es.
	Northern ins	surance Company of New York
	<u> </u>	Name of Company
	Diane M. Zal	borowski, AIS - Product Analyst
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

FEB (6 2006

SPPINGFIELD. ILLINOIS

SUMMARY SHEET

Official - Title

'	Change in Company's premium or rate	level produced by rate revision effects	ve <u>03/05/2006</u>
	(1)	(2) Annual Premium	(3)
	<u>Coverage</u>	Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	460,892 (EPL)	-15%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		·
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
Does f No.	iling only apply to certain territory (ter	ritories) or certain classes? If so, spec	ify:
	description of filing. (If filing follows age to remove coinsurance options at 5%		
** Cl	djusted to reflect all prior rate changes. nange in Company's premium level wh sult from application of new rates.	ich will	·
-3.			
		_	
	DIVISION OF IN STATE OF ILLIN RECEI	ISURANCE DIS/IDEPR UT	nited States Liability Insurance
	FEB - 2	,	Name of Company
	SPRINGFIELD,	ILLINOIS Di	ane Duda - Chief Actuarial